-\_\	Missouri Department of Revenue  Missouri Works Program	Department Use (MM/DD/YY)	Only Reporting Period (MM/YY)			
Missouri Tax I.D. Number		Federal Employer I.D. Number				
less	Name	Owner Name				
Business	City	1	State	Zip Code		
Form MO-MWP must be submitted using the same frequency that you file Employer's Return of Income Taxes Withheld, (Form MO-941).  Your completed Form MO-941 must accompany this form, unless electronically filed.						

- Enter the Department of Economic Development (DED) Project or Product Number assigned to each DED approved Missouri Works location and the facility address.
- 2. Enter the amount of withholding tax retained at each facility address for this reporting period. Use the back of this form.
- 3. In Box A, enter the sum of the withholding tax retained from all DED approved locations.
- 4. In Box B, enter the amount of withholding tax submitted on line one of Form MO-941 or the amount you electronically filed.
- 5. In Box C, enter the sum of Boxes A and B. This is the total amount of tax withheld from your employees.
- 6. Sign this form, print your name, include a phone number, and e-mail address where you can be reached. Important:
- Form MO-941 should be completed **after** you have determined the amount of withholding tax you are allowed to retain and should only contain the amount of withholding tax you are not allowed to retain.
- Compensation on Form MO-941, Line 2 may be taken only on the amount of withholding tax you are not allowed to retain.
- Submit Form MO-MWP at the same filing frequency and at the same time that you are required to submit Form MO-941. For example, if you are a monthly filer of Form MO-941, you must also complete Form MO-MWP on a monthly basis. Even if you are allowed to retain 100% of your withholding tax you must still complete and submit Form MO-941 showing \$0.00 tax withheld.
- If you did not retain the correct amount of tax prior to filing your original Form MO-941, you must amend your filing with a new Form MO-941 before your Missouri Works claim will be accepted.

	DED Project Or Product Number	Facility Address		Withholding Retained		
				\$		
tained	DED Project Or Product Number	Facility Address		Withholding Retained		
				\$		
	DED Project Or Product Number	Facility Address		Withholding Retained		
				\$		
χ Ψ	DED Project Or Product Number	Facility Address		Withholding Retained		
Ta				\$		
Withholding Tax Retained	DED Project Or Product Number	Facility Address		Withholding Retained		
				\$		
				A.		
	Total amount retained for tax period			\$		
				В.		
	Withholding tax liability from Line 1 of Form MO-941 (or amount electronically filed)			\$		
				C.		
	Total amount of withholding tax fo	r tax period (sum of boxes A and B)	)	\$		
	Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.					
Signature	Signature		E-mail Address			
Juat						
Sign	Printed Name		Phone Number	Date (MM/DD/YYYY)		
			-	/ /		



DED Project Or Product Number	Facility Address	Withholding Retained
		\$
DED Project Or Product Number	Facility Address	Withholding Retained
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DED Project Or Product Number	Facility Address	Withholding Retained
,		\$
DED Project Or Product Number	Facility Address	Withholding Retained
2.2 Frojost St. Froduct Number	. 35, . 1301000	
		\$
Total amount retained this n	200	
Total amount retained this p	raye	\$

Form MO-MWP (Revised 03-2015)

Mail to: Taxation Division P.O. Box 3375 Jefferson City, MO 65105-3375 **Phone:** (573) 751-5759 **TTY:** (800) 735-2966 Fax: (573) 522-6816

Visit <a href="http://dor.mo.gov/taxcredit/">http://dor.mo.gov/taxcredit/</a> for additional information.

E-mail: withholdingproject@dor.mo.gov

